

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

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"AMENDED"

1 File Number U <u>1428</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>David</u> <u>R</u> <u>JONES</u> P O Box Bldg Room No if any <u></u> Street <u>4322 E Bonanza Road</u> City <u>Las Vegas</u> State <u>Nevada</u> ZIP Code + 4 <u>89110-6102</u>	4 Name file number and address of labor organization Name <u>Electrical Workers IBEW AFL-CIO LU 357</u> Labor Organization File Number <u>038-815</u> P O Box Building and Room Number if any <u></u> Street <u>4322 E Bonanza Road</u> City <u>Las Vegas</u> State <u>Nevada</u> ZIP Code + 4 <u>89110-6102</u>
5 Position in labor organization <u>BM/Financial Secretary</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name <u></u> Trade Name if any <u></u> P O Box Bldg Room No if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7 a Nature of Interest Transaction or Income <u></u> 7 b Amount <u></u>

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)	
Signed <u>David L. Jones</u>	On <u>8/12/2005</u> <u>702-452-9357</u> Date Telephone Number

Name of Person Filing David JONES	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

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<p>8 Name and address of Business (including trade name if any)</p> <p>Name <input style="width: 80%;" type="text" value="Milliman Consultants and Actuaries"/></p> <p>Trade Name if any <input style="width: 80%;" type="text"/></p> <p>P O Box Bldg Room No if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text" value="650 California Street 17th Floor"/></p> <p>City <input style="width: 80%;" type="text" value="San Francisco"/></p> <p>State <input style="width: 20%;" type="text" value="Nevada"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="94108-2702"/></p>	<p>9 Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <input style="width: 80%;" type="text" value="Electrical Workers H&W/Pension Trust"/></p> <p>Trade Name if any <input style="width: 80%;" type="text"/></p> <p>P O Box Bldg Room No if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text" value="101 Convention Center Dr Ste 600"/></p> <p>City <input style="width: 80%;" type="text" value="Las Vegas"/></p> <p>State <input style="width: 20%;" type="text" value="Nevada"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="89109"/></p>	<p>11 a Nature of such dealing</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> Milliman is a consultant to the H & W / Pension Trust Fund </div> <p>11 b Approximate dollar value of such dealing <input style="width: 100px;" type="text"/></p> <p>12 a Nature of interest held or income received</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> PRO RATA SHARE OF BUSINESS MEALS </div> <p>12 b Amount <input style="width: 100px;" type="text" value="\$200"/></p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name <input style="width: 80%;" type="text"/></p> <p>Trade Name if any <input style="width: 80%;" type="text"/></p> <p>P O Box Bldg Room No if any <input style="width: 80%;" type="text"/></p> <p>Street <input style="width: 80%;" type="text"/></p> <p>City <input style="width: 80%;" type="text"/></p> <p>State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/></p>	<p>14 a Nature of payment</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14 b Amount of payment <input style="width: 100px;" type="text"/></p>

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Part B Continuation Page

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<p>8 Name and address of Business (including trade name if any)</p> <p>Name <u>Southern Nevada IBEW/NECA LMCC</u></p> <p>Trade Name if any <u></u></p> <p>P O Box Bldg Room No if any <u></u></p> <p>Street <u>2835 S Jones Blvd Ste 8</u></p> <p>City <u>Las Vegas</u></p> <p>State <u>Nevada</u> ZIP Code + 4 <u>89146</u></p>	<p>9 Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <u></u></p> <p>Trade Name if any <u></u></p> <p>P O Box Bldg Room No if any <u></u></p> <p>Street <u></u></p> <p>City <u></u></p> <p>State <u></u> ZIP Code + 4 <u></u></p>	<p>11 a Nature of such dealing</p> <p>LMCC Trust Fund related to a collective bargaining agreement</p> <p>11 b Approximate dollar value of such dealing <u></u></p> <p>12 a Nature of interest held or income received</p> <p>Sent as representative for Southern Nevada LMCC to Western Region LMCC meeting in Reno Nv Reimbursed for actual expenses amount represents airfare taxi and meals</p> <p>12 b Amount <u>\$254</u></p>

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8 Name and address of Business (including trade name if any)

Name The Marco Consulting Group

Trade Name if any

P O Box Bldg Room No if any

Street 550 West Washington Blvd Ste 900

City Chicago

State Illinois ZIP Code + 4 60661

10 If 9 b or 9 c is checked give trust or employer's name

Name Electrical Workers H&W/Pension Trust

Trade Name if any

P O Box Bldg Room No if any

Street 101 Convention Center Dr Ste 600

City Las Vegas

State Nevada ZIP Code + 4 89109

9 Business deals with

☐ a Labor Organization

☒ b Trust

☐ c Employer

11 a Nature of such dealing

Marco Consulting was a investment consultant to the Trust Fund

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

PRO RATA SHARE OF BUSINESS MEAL (amount of value is unknown to me)

12 b Amount

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<p>8 Name and address of Business (including trade name if any)</p> <p>Name Electrical Workers H&W/Pension Trust</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street 101 Convention Center Dr Ste 600</p> <p>City Las Vegas</p> <p>State Nevada ZIP Code + 4 89109</p>	<p>9 Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11 a Nature of such dealing</p> <p>H & W / PENSION TRUST FUND RELATED TO THE COLLECTIVE BARGAINING AGREEMENTS</p> <p>11 b Approximate dollar value of such dealing</p> <p>12 a Nature of interest held or income received</p> <p>Educational conferences reimbursed for actual expenses amount represents airfare hotels and meal exspenses</p> <p>12 b Amount \$2 489</p>